

K. Required Exhibits: Mortgage Insurance for Nursing Homes, Immediate Care Facilities, and Board and Care Homes

Item Number	Exhibit Title	SAMA or Feasibility	Conditional Commitment	Firm Commitment
1	Location Map	X		
2	Legal Description of the Property	X		
3	Evidence of Permissive Zoning	X		
4	Sketch Plan of the Site	X		
5	Evidence of Site Control (Option or Purchase)	X		
6	Evidence of Last Arms-Length Transaction and Price, including a certification by sponsor that evidence submitted in response to this item reflects last-arms length purchase price	X		
7	Form HUD-92010 – Equal Employment Opportunity Certification	X		
8	Form HUD-3433 – Eligibility as Nonprofit Corporation	X		
9	Form HUD-2530 – Previous Participation Certificate	X		
10	Form HUD-2576-HF – Certificate of Need for Health Facility and Assurance of Enforcement of State Standards or alternate market study in non-CON States	X		
11	Grant and/or Loan Commitment Letter (if applicable)		X	
12	Form HUD-92417 – Personal Financial Statement for Each Sponsor and General Contractor		X	X
13	Personal and Commercial Credit Report for Each Sponsor and General Contractor		X	X
14	Owner/Architect Agreement		X	
15	Architectural Exhibits – Preliminary		X	
16	Architectural Exhibits – Final			X
17	Form HUD-2328 – Contractor's and/or Mortgagor's Cost Breakdown			X
18	Form HUD-92457 - Surveyor's Report and Land Survey			X
19	Management Agreement			X

For HUD Use Only

Date Received						
Amount						
Code Schedule						
Received by						

Section G

Line 1—Enter cost for unusual site preparation such as pilings, retaining walls, fill, etc.

Line 2—Enter cost of other land improvements such as on-site utilities, landscape work, walks and drives.

Line 9—See Uniform System for construction Specifications, Data Filing and Cost Accounting, pages 1.3 and 1.4

Line 18—Enter the total average estimated cost per gross square foot of building area (Line H-17 divided by Line 4).

Carrying Charges and Financing

Line 20—Interest is the amount estimated to accrue during the anticipated period of construction. It is computed on one-half of the loan amount based on either replacement cost or value.

Line 21—Taxes which accrue during construction period are estimated on a pro rata basis for the construction period. Special assessments, if any, should be estimated on a similar basis and included in the tax amount.

Line 22—Insurance includes fire, windstorm, extended coverage, liability, and other risks customarily insured against in the community. It does not include worker's compensation and public liability insurance, which are included in the cost estimate.

Line 23—FHA mortgage insurance premium is the amount to be earned during the estimated construction period. The amount should be computed on the requested loan amount on a yearly basis. An additional 0.5 percent is charged for any additional fractional period in excess of each whole year.

Line 24—FHA examination fee is computed on the requested loan amount.

Line 25—FHA inspection fee is computed on the requested loan amount when the project involves new construction, and on the estimated cost of rehabilitation when the project involves the rehabilitation of an existing structure.

Line 26—Financing fee is computed at 2% on the loan amount. It is an initial service charge. This financing fee is not to be confused with discounts.

Line 27—(AMPO) is an allowance to make the project operational, computed at 2% of the maximum insurable mortgage amount. It is allowable only in cases involving non-profit mortgagors.

Line 28—FNMA fee—Enter 1 1/2% of the mortgage amount.

Line 29—Title and Recording Expenses—This is the cost typically incurred by a mortgagor in connection with a mortgage transaction. This cost generally includes such items as recording fees, mortgage and stamp taxes, cost of survey, and title insurance including all title work involved between initial and final endorsement.

Lines 31, 32 and 33—Legal, Organizational and Cost Certification Fee—Estimate will be based upon typical cost usually incurred for these services in the area where the project is located. These items should be recorded separately.

Line 35—Consultant Fee—If any, enter amount to be charged the non-profit sponsor by qualified consultant.

Line 36—This line will contain an amount included in the cost for non-realty items in the category of major movable equipment. Public Health Service publication entitled "Construction and Equipment for Hospitals and Medical Facilities," number (HRA) 74-4000 (as revised) shall be used to determine the items to include.

Line 38—Land—Enter purchase price if purchased from local public authority; otherwise sponsor's estimate of value in finished condition (including off-sites, cuts, fills, drainage, etc.).

Section H—Total Requirements for Settlement

Lines 1, 3, 6, 7 and 12—Self-explanatory.

Line 2—Amount required to clear title to site, if land is to be acquired, enter the unpaid balance of the purchase price. If leasehold or if land is owned free and clear, enter word "None."

Line 4—Enter principal amount of mortgage requested. (Non-profit sponsors receiving grants add committed amount of grant to the principal mortgage requested.)

Line 5—Enter any portion of the Builder's Profit (Line 11) or Architect's Fee—Design (Line 12) to be paid by means other than cash or waived.

Line 8—Enter the amount required to meet operating expense and debt service expense from project completion, until the income provides a self-sustaining operation.

Line 9—Enter discount charged for placement of permanent and construction mortgage.

Line 10—Enter 2% of mortgage amount plus any necessary amount to cover ground rent or special assessments during construction (profit-motivated sponsors only).

Line 11—Sponsor's cost of improvements outside property lines such as streets and utilities.

Line 12—The initial cost of minor expendable non-realty items such as china, silver, utensils, linens, not included in the mortgage.

Source of Cash to Meet Requirements—Enter the Name of each sponsor and his/her dollar investment.

Section I—Self-explanatory.

Section J—Self-explanatory.

J. Certification

The undersigned as the principal sponsor of the proposed mortgagor, certifies that he/she is familiar with the provisions of the Regulations of the Secretary of Housing and Urban Development under the above identified Section of the National Housing Act and that, to the best of his/her knowledge and belief, the mortgagor has complied, or will be able to comply, with all of the requirements thereof which are prerequisite to insurance of the mortgage under such Section.

The undersigned further certifies that to the best of his/her knowledge and belief no information or data contained herein or in the exhibits or attachments listed herein, are in any way false or incorrect and that they are truly descriptive of the project or property which is intended as the security for the proposed mortgage and that the proposed construction will not violate zoning ordinances or restrictions of record.

The undersigned agrees with the Department of Housing and Urban Development that pursuant to the requirements of the HUD Regulations, (a) neither he/she nor anyone authorized to act for him/her will decline to sell, rent, or otherwise make available any of the property or housing in the multifamily project to a prospective purchaser or tenant because of his/her race, color, religion, sex, or national origin; (b) he/she will comply with Federal, State, and local laws and ordinances prohibiting discrimination; and (c) his/her failure or refusal to comply with the requirements of either (a) or (b) shall be a proper basis for the Commissioner to reject requests for future business with which the sponsor is identified or to take any other corrective action he/she may deem necessary.

Signature (Sponsor, Authorized to sign)

Date

Request for Commitment: ☐ Conditional ☐ Firm

To: Secretary of Housing and Urban Development

Pursuant to the provisions of the Section of the National Housing Act identified in the foregoing application and HUD Regulations applicable thereto, request is hereby made for the issuance of a commitment to insure a mortgage covering the property described above. After examination of the application and the proposed security, the undersigned considers the project to be desirable and is interested in making a loan in the principal amount of \$ _____ which will bear interest at _____%, will require repayment of principal over a period of _____ months according to amortization plan to be agreed upon.

Insurance of advances during construction ☐ is, ☐ is not desired.

It is understood that the financing expense, in the amount of \$ _____ is subject to adjustment so that the total will not exceed _____% of the amount of your commitment.

Herewith is check for \$ _____, which is in payment of the application fee required by HUD Regulations.

Signature (Proposed Mortgagee)

Address of Mortgagee

Instructions

Foreword: HUD procedures divide the process of filing an application for project mortgage insurance into a maximum of three stages, the first being a request for a Site Appraisal and Market Analysis (SAMA) letter or a feasibility analysis if a Rehabilitation project. The second stage is a request through an approved mortgagee for a Conditional Commitment, and the third, a formal application through an approved mortgagee for a Firm Commitment.

A sponsor may combine two or three stages provided he/she has plans and exhibits in sufficient detail. The Firm Commitment stage is always required.

HUD Field Office personnel will provide advice and assistance to sponsors and potential sponsors at all stages in connection with the submission of applications.

A request for SAMA letter may be submitted directly to the HUD Field Office by letter or in person. At the SAMA stage, the form HUD-92013-NH-ICF is completed as follows:

Page 1—Introduction, Sections A, B and C

Page 2—Section G, Line 38

Page 3—Section I, to the extent known; and Section J.

A request for feasibility analysis (rehabilitation) or Conditional Commitment or Firm Commitment must be submitted with this form completed in its entirety.

The exhibits that must be submitted for each stage of processing are listed at the end of these instructions. The exhibits to be submitted for feasibility analysis (rehabilitation) are those required for SAMA plus items numbered 10 and 11. If a stage of processing is omitted, the exhibits for that stage are submitted with those required for the subsequent stage or stages. Information for all stages must be submitted in triplicate. No application will be considered unless it is complete and is accompanied by the requested exhibits (24 C.F.R. 207.1).

Section A—Self-explanatory.

Line 8—The letters NH refer to Nursing Homes, the letters ICF refer to Intermediate Care Facilities, and the letters BC refer to Board and Care Homes.

Section B

Line 21—Insert any cost paid or contracted, in addition to the stipulated purchase price. If the site will require demolition expense, or other preparatory expense, this should be indicated and explained on an attached sheet. If the proposed site is leased, indicate the annual dollar amount of the ground rental. All other items in this section are self-explanatory.

Section C

Line 27—Insert the estimated rates to be charged on a monthly basis per bed for the accommodation and service rendered.

Line 28—Income for special services and facilities provided occupants at additional charge above base rates when the cost of such service is included in the operating expense estimate. Commercial income, if any, should be recorded here.

Section D

Items 32 through 37—Furnish the total number of employees and the monthly rates for each of the six categories.

Line 38—Show the total dollar annual payroll.

Section E—The estimate of project expenses shall be based on actual operating experience with comparable projects.

Line 45—Total annual tax to cover all items in Tax Section should be shown on this line.

Line 47—Sum of the total annual operating expense (Line 39 + Line 45 + Line 46).

Section F

Line 2—Occupancy percentage is estimated from market experience if available; otherwise the sponsor's best estimate.

Line 6—Represents the cash return to owner of the real estate as determined from available realty and nonrealty data.

G. Estimated Replacement Cost (continued)	Legal, Organization, and Audit Fee
Fees 10. Builder's General Overhead @ _____ % \$ _____ 11. Builder's Profit @ _____ % \$ _____ 12. Architect Fee—Design @ _____ % \$ _____ 13. Architect Fee—Supervising @ _____ % \$ _____ 14. Bond Premium \$ _____ 15. Other Fees \$ _____ 16. Total Fees \$ _____ 17. Total For All Improvements (3 + 8 + 9 + 16) \$ _____ 18. Cost per Gross Square Foot \$ _____ 19. Estimated Construction Time _____ months	31. Legal \$ _____ 32. Organization \$ _____ 33. Cost Certification Audit Fee \$ _____ 34. Total Legal, Organization, and Audit \$ _____ 35. Consultant Fee (NP only) \$ _____ 36. Major Movable Equipment (Non-Realty) \$ _____ 37. Total Est., Development Cost (Excluding Land or Off-Site Cost) (17 + 30 + 34 + 35 + 36) \$ _____ 38. Land (Estimated Market Price of Site) _____ sq. ft. @ \$ _____ per sq. ft. \$ _____ 39. Total Estimated Replacement Cost of Project (Add Lines 37 and 38) \$ _____
Carrying Charges and Financing 20. Interest _____ Months @ _____ % on \$ _____ \$ _____ 21. Taxes \$ _____ 22. Insurance \$ _____ 23. FHA Mtg., Ins., Premium (0.5%) _____ 24. FHA Exam., Fee (0.3%) _____ 25. FHA Inspection Fee (0.5%) _____ 26. Financing Fee (_____ %) _____ 27. AMPO (NP only) (_____ %) _____ 28. GNMA Fee (_____ %) _____ 29. Title and Recording \$ _____ 30. Total Carrying Charges and Financing \$ _____	H. Total Requirements for Settlement 1. Development Cost (Line G-37) \$ _____ 2. Land Indebtedness (or cash required for land acquisition) \$ _____ 3. Subtotal (Line 1 + Line 2) \$ _____ 4. Mortgage Amount \$ _____ 5. Fees Paid by Other than Cash \$ _____ 6. Line 4 plus Line 5 \$ _____ 7. Line 3 minus Line 6 \$ _____ 8. Initial Operating Deficit \$ _____ 9. Anticipated Discount \$ _____ 10. Working Capital \$ _____ 11. Off-Site Construction Costs \$ _____ 12. Non-Mortgagable Equipment and Furnishings \$ _____ 13. Total Estimated Cash Requirement (Total of Lines 7, 8, 9, 10, 11 and 12) \$ _____
Source of Cash to Meet Requirements	
Amount	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
Total (Submit Attachment if Additional Space is Needed)	
\$ _____	
I. Names, Addresses and Telephone Numbers of the Following	
Sponsor Name	Telephone Number
Address and Zip Code	
Sponsor Name	Telephone Number
Address and Zip Code	
Sponsor Name	Telephone Number
Address and Zip Code	
Contractor Name	Telephone Number
Address and Zip Code	
Sponsor's Attorney Name	Telephone Number
Address and Zip Code	
Architect Name	Telephone Number
Address and Zip Code	

D. Payroll (Salaries)

Position	Number	Monthly Rate	Total Annual	Position	Number	Monthly Rate	Total Annual
32. Administrative		\$	\$	35. Housekeeping		\$	\$
		\$	\$			\$	\$
		\$	\$			\$	\$
Total Administrative			\$	Total Housekeeping			\$
33. Bldg. & Grounds		\$	\$	36. Nursing Service		\$	\$
		\$	\$			\$	\$
		\$	\$			\$	\$
		\$	\$			\$	\$
Total Building & Grounds			\$	Total Nursing Services			\$
34. Dietary		\$	\$	37. Other Salaries		\$	\$
		\$	\$			\$	\$
		\$	\$			\$	\$
Total Dietary			\$	Total Other Salaries			\$
38. Estimated Annual Salaries							\$

E. Estimated Annual Operating Expenses

Administrative 1. Telephone and Telegraph \$ _____ 2. Advertising _____ 3. Insurance and Liability _____ 4. License or Permit _____ 5. Legal and Audit _____ 6. Miscellaneous _____ 7. Office Expense _____ 8. Total Administrative \$ _____	Other Expenses 33. Program and Activities \$ _____ 34. Library _____ 35. Automobile Expense _____ 36. Total Other Expenses \$ _____ 37. Total Salaries (Line D-38) _____ 38. Repl., Reserve (Realty) (0.0060 x Line G-8) _____ 39. Expenses (Less Taxes) \$ _____
Building and Grounds 9. Decorating, Interior & Exterior \$ _____ 10. Heating _____ 11. Electricity _____ 12. Water _____ 13. Gas _____ 14. Garbage Removal _____ 15. Insurance _____ 16. Supplies _____ 17. Maintenance & Repairs (Bldg. & Realty Items) _____ 18. Grounds Expense _____ 19. Miscellaneous _____ 20. Exterminating _____ 21. Total Building and Grounds \$ _____	Taxes 40. Real Estate; Est., Assessed Val. \$ _____ @ \$ _____ per \$1000 \$ _____ 41. Personal Prop.; Est., Assessed Val. \$ _____ @ \$ _____ per \$1000 \$ _____ 42. Employee Payroll Tax \$ _____ 43. Employee Social Security _____ 44. Other _____ 45. Total Taxes \$ _____ 46. Repl., Res., (Non-Realty) (0.10 x Line G-36) _____ 47. Total Estimated Annual Operating Expenses (Lines 39 + 45 + 46) \$ _____
Dietary 22. Supplies \$ _____ 23. Food Cost _____ 24. Total Dietary \$ _____	F. Estimate of Net Returns 1. Annual Gross Earnings Expectancy (From C-30) \$ _____ 2. Predicted Occupancy Ratio _____ % 3. Effective Annual Gross Income (Line F-1 x F-2) \$ _____ 4. Est., Total Annual Operating Expense (From E-47) \$ _____ 5. Net Return Available for Proprietary Earnings Realty and Non-Realty (Line F-3 minus Line F-4) \$ _____ 6. Estimated Net Earnings Attributable to Realty and Non-Realty \$ _____ 7. Estimated Residual Proprietary Earnings (Line F-5 minus Line F-6) \$ _____
Housekeeping 25. Supplies \$ _____ 26. Laundry _____ 27. Other _____ 28. Total Housekeeping \$ _____	G. Estimated Replacement Cost 1. Unusual Land Improvements \$ _____ 2. Other Land Improvements \$ _____ 3. Total Land Improvements \$ _____ 4. Structures —Gross Floor Area _____ sq. ft. 5. Main Building \$ _____ 6. Other \$ _____ 7. \$ _____ 8. Total Structures \$ _____ 9. General Requirements \$ _____
Nursing Service 29. Supplies \$ _____ 30. Drugs _____ 31. Professional Fees _____ 32. Total Nursing Service \$ _____	

Application for Project Mortgage

Insurance: Nursing Homes, Intermediate Care Facilities, and Board and Care Homes

U.S. Department of Housing and
Urban Development
Office of Housing
Federal Housing Commissioner

OMB No. 2502-0029 (Exp. 9/30/97)

Public reporting burden for this collection of information is estimated to average 64 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0029), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Project Name	Project Number
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To: _____ and the Secretary of Housing and Urban Development. The undersigned hereby requests a loan in the principal amount of \$ _____ to be insured under the provisions of Section _____ of the National Housing Act, said loan to be secured by a first mortgage on the property hereinafter described. Insurance of advances during construction ☐ is, ☐ is not desired.

Type of Financing: ☐ Conventional ☐ GNMA ☐ Tax-Exempt Bond ☐ Taxable Bond ☐ Other Type of Mortgagor: ☐ PM ☐ NP

A. Location and Description of Property

1. Street Number		2. Municipality		3. County		4. State	
5. Type of Project <input type="checkbox"/> Elevator <input type="checkbox"/> 1-Story	6. Gross Floor Area	7. No., Bldg./Fls.	8. Number of Beds NH ICF BC	9. Avg. Basic Monthly Charges per Bed \$	10. Avg. Other Monthly Charges per Bed \$		
11. <input type="checkbox"/> Proposed <input type="checkbox"/> Rehabilitation		12. Year Built		13. Accessory Buildings			

Site Information

14. Dimensions ft. by ft., or sq. ft.	15. Zoning (If recently changed, submit evidence)
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Building Information

16. Structural System ft. by ft., or sq. ft.	17. Exterior Finish	18. Heating A/C System
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B. Information Concerning Land or Property

19. Date Acquired	20. Purchase Price \$	21. Additional Costs Paid or Accrued \$	22. If Leasehold Annual Ground Rent \$	23. Total Cost \$	24. Relationship-Business, Personal or Other Between Seller and Sponsor
25. Utilities Water <input type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Sewers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		26. Unusual Site Features <input type="checkbox"/> Cuts <input type="checkbox"/> Fills <input type="checkbox"/> Rock Formations <input type="checkbox"/> Erosion <input type="checkbox"/> None <input type="checkbox"/> Poor Drainage <input type="checkbox"/> High Water Table <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Other _____			
26a. Special Assessments: (a) <input type="checkbox"/> Prepayable <input type="checkbox"/> Non-Prepayable; (b) Principal Balance \$ _____; (c) Annual Payment \$ _____; (d) Remaining Term _____ Yrs.					

C. Estimate of Income

27. Type of Room or Unit	Number of Beds			Estimated Rate (Monthly)			Estimated Monthly Income at 100% Occupancy	Total
	Nursing	ICF	Board & Care	Nursing	ICF	Board & Care		
Private				\$	\$	\$	\$	
Semi-Private				\$	\$	\$	\$	
Three-Bed				\$	\$	\$	\$	
Four-Bed				\$	\$	\$	\$	
Units				\$	\$	\$	\$	
Total Monthly Income							\$	
28. Other Income (List)							\$	
							\$	
Total Other Income							\$	
29. Total Monthly Income—All Sources							\$	
30. Total Estimated Annual Gross Project Income at 100% Occupancy (Line 29 x 12 Months)							\$	

31. Non-Revenue Producing Space

Type of Employee	No. Rooms	Composition of Unit	Location of Unit in Project